Department of the Treasury

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009 Open to Public Inspection

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. The organization may have

		Please C Name of organization CENTER FOR INDIVIDIAL RIGHTS	3/3 1/201	
B Check if a		use IRS	D Employer identif	ncation number
=	s change	label or Doing Business As print or Number and street (or P.O. box if mail is not delivered to street address). Room/siiii	52-1600481	
Name c	•	type.	· ·	er
Initial re		See 1233 20TH STREET, NW   300	(202) 833-8400	<del></del>
Termina		Instruc-	G Gross receipts \$	2 170 611
=	ed return	tions WASHINGTON DC 20036	<u> </u>	2,170,611
Applicat	tion pending		s this a group return for a	affiliates? Yes X No
			Are all affiliates included?	
I Tax-exe	empt status	(insert no) 4947(a)(1) or 527	If "No," attach a list (see	instructions)
J Websit	te: 🕨 www	w cır-usa org H(c) (	Group exemption number	•
K Form of	organization	X Corporation	mation 1988 M	State of legal domicile DC
Part I		mmary	<u></u>	
1		describe the organization's mission or most significant activities: Public law firm	that represents de	eserving individuals
1	•	ndividual rights have been violated in cases that raise constitutional issues of fir		
S & Governance CHNNEDS	20022-1			
چ⊈ية				
₹复2	Check t	his box I if the organization discontinued its operations or disposed of mo	ore than 25% of its	net assets
<sup>3</sup> 面 3		r of voting members of the governing body (Part VI, line 1a)	. 3	7
§ 14		r of independent voting members of the governing body (Part VI, line 1b)	4	6
Activities &		umber of employees (Part V, line 2a)	5	7
P F 6		umber of volunteers (estimate if necessary)	6	
₽ <sub>7a</sub>		oss unrelated business revenue from Part VIII, column (C), line 12	7a	0
P b		elated business taxable income from Form 990-T, line 34	7b	0
20			Prior Year	Current Year
₹8		utions and grants (Part VIII, line 1h)	987,929	<del></del>
Revenue 0 1 0		m service revenue (Part VIII, line 2g)	23,280	500
န္စီ   10		nent income (Part VIII, column (A), lines 3, 4, and 7d)	108,776	94,899
<sup>∞</sup>  11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,855	<del></del>
12		renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,177,840</u>	1,681,671
13		and similar amounts paid (Part IX, column (A), lines 1–3) .	(	0
14		s paid to or for members (Part IX, column (A), line 4)	(	
ູ   15		s, other compensation, employee benefits (Part IX, column (A), lines 5–10)	843,436	
Expenses 16a		sional fundraising fees (Part IX, column (A), line 11e)		<del></del>
ğ b		ndraising expenses (Part IX, column (D), line 25)  236,140	400.04	1
117		xpenses (Part IX, column (A), times Ha 1 do 11-24f)	463,314	
18		openses. Add lines 13-17 (must equal Part-12 column (A), line 25)	1,30 <u>6,</u> 750	
19 - 🗷	Revenu	re less expenses Subtract line 18 from line 12 0	-128,910 inning of Current Year	288,226 End of Year
Assets or Balances	Total		3,124,918	·
Asse d Bala		abilities (Part X, line 26)	154,152	
75 Find 52		sets or fund balances Subtracting of them line 20	2,970,766	<del> </del>
Part II		nature Block	2,0,10,100	2,010,102
- Cart II		er penalties of perjury, I declare that I have examined this return, including accompanying schedules and	statements, and to the b	est of my knowledge
	L.	belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information		-
		~ 01m		
Sign			6.6	9-10
Here		Signature of officer Texence T PCI) President	Date	
	Pro	Type or print name and title parer's Date Date Check if	Prop	parer's identifying number
Paid			1 '	instructions)
Prepare	1	ature / - 1. Sho c/A 6/16/16 employe		00114333
Use Onl	.   Fim	o's name (or yours STOKES & COMPANY, P.C	EIN ► 52-	1190469
230 0111		ress, and ZIP + 4 1201 15TH STREET, NW # 340, WASHINGTON, DC 20005-		2) 293-9000
May the		ss this return with the preparer shown above? (see instructions)		X Yes No
		Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2009)
(HTA)	icy Act and	a i apoi noix iteudollon noi nolles, see ule separale ilistituctions.	->	/
				917-19 23

4d Other program services (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses ▶ 1,604,017

Form 990 (2009)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3_		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		1	ĺ
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	×	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			-
	Schedule D, Part VI	j	] .	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	ŀ	į.	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			ł
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	ļ		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			ł
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		· •	
12		l	1.	
	Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No			
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			_^_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	'6		
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? <i>If</i> "Yes." complete Schedule H	20		X

		52-1600481	F	Page 4
Par	t IV Checklist of Required Schedules (continued)		,	
	·	,	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organization	ns		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			1
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	i	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		[	ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	. 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		<del>                                     </del>	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	. 200		<del>  ^</del>
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	İ		
	990-EZ? If "Yes," complete Schedule L, Part I	. 25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	.   200		<del>  ^</del>
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27		20		<del>  ^</del> -
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			"
20	If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		<del> </del>	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28a		X
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		l '	۱.,
	Schedule L, Part IV	. 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	i		
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			١
	Part IV	. 28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	;		
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	. 35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable relationst	ed		
	organization? If "Yes." complete Schedule R. Part V. line 2	36		Y

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O.

37

37

Pal	Statements Regarding Other IKS Fillings and Tax Compliance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		162	140
	U S Information Returns Enter -0- if not applicable	اد		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	วี		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O N/A	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			ļ
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		l
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		L.,
7	Organizations that may receive deductible contributions under section 170(c).	1		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7b	<u>                                     </u>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			ł
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	<u> </u>	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? N/A	7 <u>g</u>	$\sqcup$	<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	1		1
_	required?	7h	<del>  </del>	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		I	
_	organization, have excess business holdings at any time during the year?	8	₩	<b></b> -
9	Sponsoring organizations maintaining donor advised funds.	<u> </u> -	<u> </u> -	<u> </u>
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
, b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		
11_	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
12-	against amounts due or received from them)	12-		i
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .  If "Yes," enter the amount of tax-exempt interest received or accrued during the year .   12b	12a	<del>  </del>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b		և. ∣	

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	_1a	7	رقب رفید رفید	17.	7, 1
b	Enter the number of voting members that are independent	1b	6	***	<b>上学</b> 或	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ations	hıp with	نگندد	٠, ١	
	any other officer, director, trustee, or key employee?			_2		X
3	Did the organization delegate control over management duties customarily performed by or u			_		
	supervision of officers, directors or trustees, or key employees to a management company or		*	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 9			4		X
5 6	Did the organization become aware during the year of a material diversion of the organization Does the organization have members or stockholders?	ıs ass	ets /	5 6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or i	 nore n	ombore	-		<del>  ^-</del>
<i>,</i> a	of the governing body?	11016 11	ilembers	7a		×
b	Are any decisions of the governing body subject to approval by members, stockholders, or of	her pe	rsons?.	7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	•		1 2	r.	- <del>``</del>
	the year by the following		Ü			1
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot		eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedul			9a		X
	ion B. Policies (This Section B requests information about policies not required by the	e Inte	rnal			
Reve	enue Code )					<del></del> -
40-	Done the ergonization have local chanters, branches, or officiated			40-	Yes	No X
b	Does the organization have local chapters, branches, or affiliates?	of cuch	chapters	10a	_	<del>  ^-</del>
Ь	affiliates, and branches to ensure their operations are consistent with those of the organization		i criapters,	10b		ŀ
11	Has the organization provided a copy of this Form 990 to all members of its governing body to		filing the	100		<del> </del>
	form?			11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ı		• • •		٠;
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.			12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests	that co	ould give	,		
	rise to conflicts?			12b	_X	
C	Does the organization regularly and consistently monitor and enforce compliance with the po	licy? I	f "Yes,"			
	describe in Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?	•		13	X	
14 15	Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and		· ·	14	X	<del> </del>
15	independent persons, comparability data, and contemporaneous substantiation of the deliber		•			ļ. ·
а	The organization's CEO, Executive Director, or top management official.	auon	and decision,	15a	X	<u></u> -
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		•	4 .		-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a	arrang	ement			
	with a taxable entity during the year?			16a		X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization			- ,	i . ,	
	its participation in joint venture arrangements under applicable federal tax law, and taken ste					<b>-</b> -
	the organization's exempt status with respect to such arrangements?		<del></del>	16b		<u> </u>
	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ALL		T (504(-)(0)	-1.3		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you make these available. Check all that apply.	na 990	)-   (501(C)(3)\$ C	niy)		
	X Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents of the control	mente	conflict of intere	est		
. •	policy, and financial statements available to the public.		Johnnot of finere			
20	State the name, physical address, and telephone number of the person who possesses the b	ooks	and records of th	ne		
	organization. ► The Center		202-833-840			
	1233 20TH ST NW, STE 300, WASHINGTON, DC 20036				_	

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

Check this box if the organization did not compe	ensate any curre	ent of	fice	r, d	irec	ctor, o	r tru	ustee.		
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average hours per week		Position (check lall that apply) Former Highest compensated employee Officer Institutional trustee or director				Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
LARRY ARNN Director	1	Х						0	0	0
PROF ROBERT P GEORGE	<u></u>	<u> </u>	H							
Director	1	Х						0	0	0
JAMES MANN, Esq Director	1	x						0	0	0
JAMES PIERESON								,		
Director  PROF. IEREMY PARKIN	1	X	╌┤		Н		Н	0	0	0
PROF JEREMY RABKIN Director	1	х						0	0	0
ARTHUR S PENN, Esq. Director	1.	×						0	o	0
TERRENCE PELL, Esq				,						
President NOUNAL PROPERTY OF THE PROPERTY OF T	50		Н	Х	Н			250,000	0	24,396
MICHAEL ROSMAN Secretary	50			Х				175,000	0	22,146
		-								

	Pa	t VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	ees,	and	l Hig	hes	t Co	mpensated Em	ployees (co	ntınue	<u>d)</u>		
to Total		(A)	(B)	1					-1.3	(D)	(E)		(F)		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 2  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		Name and title	hours per							compensation from the organization	compensation from related organization	n t is	amour othe compens from to organize and relation	nt of er sation the ation ated	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 2  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 2  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 2  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 2  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 2  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 2  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 2  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 2  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 2  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									_						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 2  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												_ _			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 2  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												_			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 2  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												$\perp$			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 2  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	45	T-A-1							Ļ	405.000		$\perp$		40.540	
reportable compensation from the organization      Yes   No				e liet	bed s	hove	2) w	20 re	<u> </u>			_0 _		46,542	
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	-	•		C IIS	icu a	2	<i>5)</i> **1	10 16	CCIV	ed more than \$1	00,000 111				
employee on line 1a? If "Yes," complete Schedule J for such individual													Yes	No	
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3											3		×	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	4	the organization and related organizations g													
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A) (B) (B) (C) (C) (Description of services (Compensation (C)	5	Did any person listed on line 1a receive or a													
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  (B)  (C)  Compensation   Sec		es, complete s	cried	uie s	101 .	<u>suci</u>	per	3011	· · · · · ·	<del></del>	_ 5				
Name and business address  Description of services  Compensation		Complete this table for your five highest con	npensated indep	pend	ent c	ontr	acto	rs tha	at re	ceived more tha	n \$100,000 (	of			
2 Total number of independent contractors (including but not limited to those listed above) who received		(A)	ddress								rices	Comp			
2 Total number of independent contractors (including but not limited to those listed above) who received														0	
2 Total number of independent contractors (including but not limited to those listed above) who received							<u>.</u>		<u> </u>	<del></del>				0	
2 Total number of independent contractors (including but not limited to those listed above) who received						···-			<del>                                     </del>		<del></del>			0 0	
	_													0	
	2				d to	thos	e lis	_	abov	e) who received					

Pari	t VIII	Statement of Revenue						
	•	•		···	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1a	Federated campaigns		1a C	)			
tributions, gifts, grants other similar amounts	ь	Membership dues		1b C	j			
₽, E	c	Fundraising events	<b>—</b>	1c 0	1			1
at ta	l .			1d C	<del>[</del> ]			
ig i	d	Related organizations			<del>'</del>			
Si mis	е	Government grants (contributions)		1e C	4			
er s	f	All other contributions, gifts, grants						
غَ فِي		similar amounts not included above	; <u>L</u>	<b>1f</b> 1,538,794	1		İ	]
Contributions, and other simi	g	Noncash contributions included in I	ines 1a-1f \$	C	l			
Cont	h	Total. Add lines 1a-1f .		<u> ▶</u>	1,538,794			
				Business Code				
Program Service Revenue	2a	ATTORNEY'S FEES		541100	500	500		
ě	b				0			
9	c				0	·······		
ڲٙ	d			-	0			
Š	u			, ,	1 0			
ran	e	All		-	0			<del> </del>
Ş	1	All other program service revenue						<del> </del> ,
	g	Total. Add lines 2a-2f			500			1
	3	Investment income (including divident other similar amounts) Income from investment of tax-exerging the state of t			95,172 0			95,172
	5	Royalties			0			
			(ı) Real	(II) Personal	]			<b> </b>
	6a	Gross Rents	47,2	37	]			ļ
	Ь	Less rental expenses		,	]			
	c	Rental income or (loss)	47,2	37 C	i i			,
	ď	Net rental income or (loss)			47,237			47,237
	7a	Gross amount from sales of	(i) Securities	(II) Other	17,207			,201
	'a			<del>- ''</del>	<del>[</del>			Ì
	١.	assets other than inventory .	488,6	0/	<del>'</del>			,
	b	Less cost or other basis						!
		and sales expenses	488,9		4			<sup>1</sup>
	C	Gain or (loss) .	-2	73 C				
	d	Net gain or (loss)		. <u></u> ▶	-273			
4	8a	Gross income from fundraising			<u> </u>			<b> </b>
ž		events (not including \$	0					
ě		of contributions reported on line 1c						
è		See Part IV, line 18		a   0	1			
<u></u>	Ь	Less direct expenses		b C				
Other Revenue		Net income or (loss) from fundraising			1			
0		Gross income from gaming activities	-	· · · · · · ·	<del>                                     </del>			
	Ja			_				
	١.				4			
		Less direct expenses		b0	_		<u>-</u>	
	C	Net income or (loss) from gaming a	ictivities	· <u>···</u>	0			
	10a	Gross sales of inventory, less						'
		returns and allowances		a <u>0</u>	<u> </u>			
	b	Less cost of goods sold		b0				}
	С	Net income or (loss) from sales of i	nventory	•	O			
		Miscellaneous Revenue	-	Business Code				
	11a	OTHER INCOME		900099	241			241
	ь	o meximosine		12222	0			
				<del></del>	l öl			
	C	All other revenue		<del></del>				
	d				·			
	e	Total. Add lines 11a–11d			241	500		440.050
	12	Total revenue. See instructions.	<del>_ · · · · · · · · · · · · · · · · · · ·</del>	<u> </u>	1,681,671	500	0	
								Form <b>990</b> (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column	(A) but are not req	uired to complete	columns (B), (C), and	d (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S See Part IV, line 21	0			<del></del>
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0			<del></del>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	471,754	375,678	68,626	27,450
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) L	0			<u></u>
7	Other salaries and wages	345,984	240,984	0	105,000
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	16,568	11,873	502	4,193
9	Other employee benefits	29,163	19,342	870	8,951
10	Payroll taxes	44,166	33,139	3,580	7,447
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	560,677	560,677		
C	Accounting	16,752		16,752	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	22,555	16,308	4,009	2,238
12	Advertising and promotion	0			
13	Office expenses	70,512	50,376	3,168	16,968
14	Information technology	0			
15	Royalties	0			*, *.
16	Occupancy	298,933	224,295	24,233	50,405
17	Travel	24,121	24,055		66
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			<del></del>
19	Conferences, conventions, and meetings	0			
20	Interest	0			·
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	5,729	4,299	464	966
23	Insurance	20,962	19,101	604	1,257
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	1			
а	RESEARCH	17,098	10,829	6,269	
b	DUES & SUBSCRIPTIONS	14,775	4,800	0	9,975
С	PARKING	7,257	5,445	588	1,224
d	ENTERTAINMENT	2,816	2,816		
	TAXES - OTHER	75		75	
f	All other expenses	. 0			
25	Total functional expenses. Add lines 1 through 24f	1,969,897	1,604,017	129,740	236,140
26	Joint costs. Check here ▶ if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation.				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 300 1 300 Cash—non-interest-bearing . . . 417,323 2 Savings and temporary cash investments . . . . . 2 206,870 3 25,000 3 55,000 4 Accounts receivable, net . . . ol 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 0 6 7 Notes and loans receivable, net . . . 7 0 8 Inventories for sale or use . . . 8 Prepaid expenses and deferred charges . . . 37,153 9 34.984 <u>10a</u> Land, buildings, and equipment: cost or 10a other basis Complete Part VI of Schedule D **b** Less accumulated depreciation . | 10b | 195,616 7,701 **10**c 10,610 11 Investments—publicly traded securities . . . . 2,617,132 11 2,514,294 12 12 Investments—other securities. See Part IV, line 11 0 13 Investments—program-related. See Part IV, line 11 . . . . . 0 13 0 14 0 14 0 20,309 15 Other assets. See Part IV, line 11 . 15 20,906 16 Total assets. Add lines 1 through 15 (must equal line 34) . 2.842.964 3,124,918 16 17 26,754 17 38,533 18 Grants payable. 18 19 19 Deferred revenue. 5,101 20 Tax-exempt bond liabilities. 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 22 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . . ol 24 0 Other liabilities. Complete Part X of Schedule D . . . . . . . . . 25 122,297 25 128,729 Total liabilities. Add lines 17 through 25 . . . 26 154,152 167,262 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 2,935,361 27 2,597,793 28 Temporarily restricted net assets 35,405 28 77,909 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 Total net assets or fund balances . . . . . . . . . 2,970,766 33 2,675,702 34 Total liabilities and net assets/fund balances 3,124,918 2,842,964

Part	XI Financial Statements and Reporting									
			Yes_	No						
1	Accounting method used to prepare the Form 990 Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in									
	Schedule O									
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?									
b	b Were the organization's financial statements audited by an independent accountant?									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of									
	the audit, review, or compilation of its financial statements and selection of an independent accountant?									
	If the organization changed either its oversight process or selection process during the tax year, explain in									
	Schedule O	1								
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	İ								
	issued on a consolidated basis, separate basis, or both:									
	X Separate basis									
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in									
	the Single Audit Act and OMB Circular A-133?	3a		Χ						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1								
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b								

Form **990** (2009)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### **Public Charity Status and Public Support**

OMB No 1545-0047
2009

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

 Open to Public Inspection

Employer identification number Name of the organization CENTER FOR INDIVIDUAL RIGHTS 52-1600481 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: ...... An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b | Type II c Type III-Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box . . . . . . . . . . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of (ii) EIN (i) Name of supported in col (i) listed in your (described on lines 1-9 the organization in organization in col support organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) US? support? Yes Nο Yes No Yes No 0

**Total** 

0

0

87.68%

14

18

CENTER FOR INDIVIDUAL RIGHTS 52-1600481 Schedule A (Form 990 or 990-EZ) 2009 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (f) Total Gifts, grants, contributions, and <u>43</u>

	membership fees received (Do not include any "unusual grants.")	1,143,311	1,180,150	990,459	987,929	1,538,794	5,840,643
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	0	0				0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
<b>4 5</b>	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	1,143,311	1,180,150	990,459	987,929	1,538,794	5,840,643
_							5 0 40 0 40

5,840,643 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2007 (d) 2008 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (e) 2009 1,180,150 990,459 987,929 1,538,794 5,840,643 Amounts from line 4 . . . . . 1,143,311 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 120,915 181,637 206,892 166,658 142,409 818,511 sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets 1,853 423 241 (Explain in Part IV). 2,517 . . . Total support. Add lines 7 through 10. 6,661,671 11 12 Gross receipts from related activities, etc. (see instructions) 12 331,737

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . Section C. Computation of Public Support Percentage

Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))....

15	Public support percentage from 2008 Schedule A, Part II, line 14	15		88.47	%
16a	33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/39	% or m	ore, check	this box_	
	and stop here. The organization qualifies as a publicly supported organization			▶[	X
b	33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33	3 1/3%	or more, o	heck this	
	box and stop here. The organization qualifies as a publicly supported organization			▶ [	

17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Sched	ule A (Form 990 of 990-EZ) 2009 CENTER FOR I	NDIVIDUAL KI	GHIS			52-160048	1 Page 🤄
Par				on 509(a)(2)			
	(Complete only if you checked t	<u>he box on line</u>	9 of Part I.)				
	tion A. Public Support	( ) 0005 T	(1-) 0000	(-) 0007	(4) 0000	(-) 0000	(D. T1-1
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and			İ			
	membership fees received. (Do not			İ			_
	include any "unusual grants")	0	0				
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished					i	
	in any activity that is related to the	_	_			]	_
_	organization's tax-exempt purpose	0	0				
3	Gross receipts from activities that are not an						,
	unrelated trade or business under section 513			<del></del>			
4	Tax revenues levied for the organization's benefit and either paid to or expended on			}			
	its behalf	o	ol	1			(
5	The value of services or facilities						•
•	furnished by a governmental unit to the			İ			
	organization without charge	o	o				(
6	Total. Add lines 1 through 5	0	0	0	0	0	(
7a	Amounts included on lines 1, 2, and 3	,			·		
	received from disqualified persons			Ì			(
<b>L</b>	Amounts included on lines 2 and 3 received						
D	from other than disqualified persons that			İ			
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						(
С	Add lines 7a and 7b	0	0	o	0	0	(
8	Public support (Subtract line 7c from						
	line 6)						
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	0	o	0	0	o	(
-	Gross income from interest, dividends,	J					
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						(
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	0	0	0	0	0	
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						(
12	Other income Do not include gain or						
	loss from the sale of capital assets			İ			
	(Explain in Part IV)	ol	ol	ľ			C
13	Total support. (Add lines 9, 10c, 11,			Ì			
	and 12)	0	O	o	0	o	(
14	First five years. If the Form 990 is for the org	ganization's firs	t, second, third,	fourth, or fifth	tax year as a	section 501(c)(	3)
	organization, check this box and stop here .						▶ _
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2009 (line 8, co	olumn (f) divide	d by line 13, co	lumn (f)) .		15	0 00%
16	Public support percentage from 2008 Schedu	ıle A, Part III, lir	те 15	· · · · · ·		16	0 00%
Sec	tion D. Computation of Investment Inc						
17	Investment income percentage for 2009 (line	10c, column (f	divided by line	13, column (f	)) <del></del> T	17	0 00%
18	Investment income percentage from 2008 Sc	hedule A, Part	III, line 17.		[	18	0 00%
19a	33 1/3% support tests-2009. If the organiza						
	not more than 33 1/3%, check this box and s						<b>▶</b> <u></u>
b	33 1/3% support tests-2008. If the organization d						
	line 18 is not more than 33 1/3%, check this box ai						▶
20	Private foundation. If the organization did no	ot check a box	on line 14, 19a,	or 19b, check	this box and s	ee instructions	▶

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b, and Part III, line 12 Provide any other additional information. See instructions
Part II Line 1	0 IN 2005, 2006 AND 2009, CIR RECEIVED MISCELLANEOUS INCOME OF \$1,853, \$423
AND \$241, F	RESPECTIVELY

#### **SCHEDULE D** (Form 990)

### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

Inspection Employer identification number

	donor advised Yes No nds can be or any other Yes No Form 990, Part IV, line 7.  In historically important land area is certified historic structure							
1 Total number at end of year . 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . 4 Aggregate value at end of year . 5 Did the organization inform all donors and donor advisors in writing that the assets held in organization from all grantees, donors, and donor advisors in writing that grant fur used only for charitable purposes and not for the benefit of the donor or donor advisor, or for purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Find the purposes of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or pleasure)  Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution is easement on the last day of the tax year	donor advised Yes No nds can be or any other Yes No Form 990, Part IV, line 7.  In historically important land area a certified historic structure in the form of a conservation  Held at the End of the Tax Year							
Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in a funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant fur used only for charitable purposes and not for the benefit of the donor or donor advisor, or for purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Find the property of the	donor advised Yes No nds can be or any other Yes No Form 990, Part IV, line 7.  In historically important land area a certified historic structure in the form of a conservation  Held at the End of the Tax Year							
Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year.  Did the organization inform all donors and donor advisors in writing that the assets held in a funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant fur used only for charitable purposes and not for the benefit of the donor or donor advisor, or for purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Formula Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of a Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution is easement on the last day of the tax year	Yes No nds can be or any other Yes No Form 990, Part IV, line 7. In historically important land area is certified historic structure in the form of a conservation  Held at the End of the Tax Year							
Aggregate grants from (during year)  Aggregate value at end of year.  Did the organization inform all donors and donor advisors in writing that the assets held in a funds are the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant fur used only for charitable purposes and not for the benefit of the donor or donor advisor, or for purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Formally and the preservation of land for public use (e.g., recreation or pleasure)  Preservation of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution is easement on the last day of the tax year	Yes No nds can be or any other Yes No Form 990, Part IV, line 7. In historically important land area is certified historic structure in the form of a conservation  Held at the End of the Tax Year							
Aggregate value at end of year.  Did the organization inform all donors and donor advisors in writing that the assets held in a funds are the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant fur used only for charitable purposes and not for the benefit of the donor or donor advisor, or for purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Find the purpose of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an impermission	Yes No nds can be or any other Yes No Form 990, Part IV, line 7. In historically important land area is certified historic structure in the form of a conservation  Held at the End of the Tax Year							
<ul> <li>Did the organization inform all donors and donor advisors in writing that the assets held in a funds are the organization's property, subject to the organization's exclusive legal control?</li> <li>Did the organization inform all grantees, donors, and donor advisors in writing that grant fur used only for charitable purposes and not for the benefit of the donor or donor advisor, or for purpose conferring impermissible private benefit?</li> <li>Part II Conservation Easements. Complete if the organization answered "Yes" to F</li> <li>Purpose(s) of conservation easements held by the organization (check all that apply)</li> <li>Preservation of land for public use (e.g., recreation or pleasure)</li> <li>Preservation of a Protection of natural habitat</li> <li>Preservation of open space</li> <li>Complete lines 2a through 2d if the organization held a qualified conservation contribution is easement on the last day of the tax year</li> </ul>	Yes No nds can be or any other Yes No Form 990, Part IV, line 7. In historically important land area is certified historic structure in the form of a conservation  Held at the End of the Tax Year							
funds are the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant fur used only for charitable purposes and not for the benefit of the donor or donor advisor, or for purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to F  Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or pleasure)  Preservation of a Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution is easement on the last day of the tax year	Yes No nds can be or any other Yes No Form 990, Part IV, line 7. In historically important land area is certified historic structure in the form of a conservation  Held at the End of the Tax Year							
Did the organization inform all grantees, donors, and donor advisors in writing that grant fur used only for charitable purposes and not for the benefit of the donor or donor advisor, or for purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to F  Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution is easement on the last day of the tax year	nds can be or any other Yes No Form 990, Part IV, line 7. In historically important land area is certified historic structure in the form of a conservation  Held at the End of the Tax Year							
used only for charitable purposes and not for the benefit of the donor or donor advisor, or for purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to F  Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or pleasure)  Preservation of a Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution is easement on the last day of the tax year	or any other Yes . No Form 990, Part IV, line 7.  In historically important land area a certified historic structure in the form of a conservation  Held at the End of the Tax Year							
purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Find the organization (check all that apply)  Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an impermissible private benefit?  Preservation (check all that apply)  Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an impermissible private benefit?  Preservation (check all that apply)  Preservation of an impermissible private benefit?	Yes No Form 990, Part IV, line 7.  In historically important land area a certified historic structure  in the form of a conservation  Held at the End of the Tax Year							
Part II Conservation Easements. Complete if the organization answered "Yes" to F  1 Purpose(s) of conservation easements held by the organization (check all that apply)    Preservation of land for public use (e.g., recreation or pleasure)   Preservation of a	an historically important land area a certified historic structure in the form of a conservation  Held at the End of the Tax Year							
Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or pleasure)  Protection of natural habitat  Preservation of a  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution is easement on the last day of the tax year	in historically important land area certified historic structure in the form of a conservation  Held at the End of the Tax Year							
Preservation of land for public use (e.g., recreation or pleasure) Preservation of a Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution i easement on the last day of the tax year	in the form of a conservation  Held at the End of the Tax Year							
Protection of natural habitat  Preservation of a  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution i easement on the last day of the tax year	in the form of a conservation  Held at the End of the Tax Year							
Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution i easement on the last day of the tax year	in the form of a conservation  Held at the End of the Tax Year							
Complete lines 2a through 2d if the organization held a qualified conservation contribution i easement on the last day of the tax year	Held at the End of the Tax Year							
Complete lines 2a through 2d if the organization held a qualified conservation contribution i easement on the last day of the tax year	Held at the End of the Tax Year							
a Total number of conservation easements								
a Total number of conservation easements	2a							
<b>b</b> Total acreage restricted by conservation easements	2b							
c Number of conservation easements on a certified historic structure included in (a)	2c							
d Number of conservation easements included in (c) acquired after 8/17/06	2d							
3 Number of conservation easements modified, transferred, released, extinguished, or termin	nated by the organization							
during the tax year								
Number of states where property subject to conservation easement is located								
	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?							
violations, and enforcement of the conservation easements it holds?								
Stan and volunteer flours devoted to monitoring, inspecting, and emorcing conservation ea	sements during the year							
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme	ents during the year							
► \$	onto caring the year							
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of	section							
170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	Yes No							
9 In Part XIV, describe how the organization reports conservation easements in its revenue a	and expense statement, and							
balance sheet, and include, if applicable, the text of the footnote to the organization's finance								
the organization's accounting for conservation easements								
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sin	nilar Assets.							
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.								
1a If the organization elected, as permitted under SFAS 116, not to report in its revenue stater								
art, historical treasures, or other similar assets held for public exhibition, education, or reservant								
service, provide, in Part XIV, the text of the footnote to its financial statements that describe b If the organization elected, as permitted under SFAS 116, to report in its revenue statement								
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research								
service, provide the following amounts relating to these items:	The farther arises of public							
	<b>▶</b> \$							
(i) Revenues included in Form 990, Part VIII, line 1	<b>▶</b> \$							
2 If the organization received or held works of art, historical treasures, or other similar assets	for financial gain, provide the							
following amounts required to be reported under SFAS 116 relating to these items	<b>5</b> . <b>.</b>							
a Revenues included in Form 990, Part VIII, line 1	• \$							
b Assets included in Form 990, Part X	▶ \$							

Page	2

Part	III Organizations Maintaining	Collections of	Art, His	storical 7	Treasures,	or Otl	ner Similar A	ssets (d	ontinu	ued)
3	Using the organization's acquisition use of its collection items (check all		ther rec	_				significan	t	
а	Public exhibition		d Ļ	=	or exchange	progra	ams			
b	Scholarly research		e	Other			<del>.</del> .			
С	Preservation for future genera	ations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.									
5	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Part	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21									
1a	Is the organization an agent, trustee			-					_	,
	included on Form 990, Part X?						•	Y	es	No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the	e following	g table		<del>-  </del>	A 1		
						4-	-	Amount		
C	Beginning balance		• •			. 1d	<del>-                                    </del>			0
d	Additions during the year Distributions during the year					. 1e				
e f	Ending balance					1f				0
	-		D-4 V			<b></b>	<u> </u>		es X	<del></del>
2a	Did the organization include an amount "Yes," explain the arrangement in	·	Рап Х,	line 21?.				ш т	es 🔨	NO
b Part			ization	answere	d "Yes" to F	orm C	90 Part IV I	ine 10		
ı aıt	Endownent and Com	(a) Current year		nor year	(c) Two years		(d) Three years ba		our years	back
1a	Beginning of year balance .	0		,			(.,	, , , , , , , , , , , , , , , , , , ,		
b	Contributions		-	<del></del>						
C	Net investment earnings, gains,									i
_	and losses									J
d	Grants or scholarships									i
е	Other expenditures for facilities									
	and programs .									
f	Administrative expenses									Ì
g	End of year balance	0		0				į		
2	Provide the estimated percentage o		ance hel	d as:						
а	Board designated or quasi-endowm	ent ▶	%	<u> </u>						
b	Permanent endowment	<u>%</u>								
C	Term endowment	_%_	-							
3a	Are there endowment funds not in the	ne possession of t	he orgar	nization th	at are held a	and ad	ministered for	the	V	- Na
	organization by:							20(1)	Yes	No
	(i) unrelated organizations			•	•	•		3a(i)		
b	(ii) related organizations				edule P2			3a(ii) 3b		
4	Describe in Part XIV the intended us		•			•		55		
Part						rt X lir	ne 10			
	Description of investment	(a) Cost or otl	•	1	st or other		Accumulated	(d) B	ook value	
		(investm			(other)		preciation	(-, -		<u>-</u>
1a	Land		C		0					0
b	Buildings		C		. 0		0			0
С	Leasehold improvements		C	<del></del>	23,983		23,983			0
d	Equipment		C	<del>}</del>	182,243		171,633		1	0,610
<u>e</u>	Other		C	1 -	0		0			0
Total	. Add lines 1a through 1e (Column (	d) must equal Fon	m 990, F	Part X, col	umn (B), line	9 10(c)	)▶		1	0,610

organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2009

age	3

Part VII	Investments—Other Securities	s. See Form 990, Part X,	line 12	
· (a	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial de	erivatives	0		
	d equity interests	0		<del></del>
Other		0	<u> </u>	
		0		
		0		
		0		· · · · · · · · · · · · · · · · · · ·
		0		
		0		
		0		
		0		
		0		
Total (Online (f	A second Second	0		· · · · · · · · · · · · · · · · · · ·
	i) must equal Form 990, Part X, col (B) line 12 )  Investments—Program Relate	d Soo Form 900 Part Y	line 13	
Part VIII				
	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
		0		
		0		
		0		
		0		·
		0		
		0		
<del></del>		0		
		0		
		0		
		0		
	n) must equal Form 990, Part X, col (B) line 13 )	0		3
Part IX	Other Assets. See Form 990, P			
		a) Description		(b) Book value
				0
	····			0
				0
				0
				0
				0
			<del></del>	0
				0
				0
Total (Colu	ımn (b) must equal Form 990, Part X, o	col (B) line 15.)	<b>.</b>	0
Part X	Other Liabilities. See Form 990			
1.	(a) Description of liability	(b) Amount		
Federal inco		(2).	<del>-</del>	,
ACCRUED		128,7	<u></u>	•
SECURITY		120,1	0	ļ
02001111	22. 33		0	ţ
			<u></u>	ļ
-		<u></u>	<u></u>	1
		-	ō	
			0	 
<del></del>			<u></u>	i
		<u> </u>	<u></u>	1
			<u></u>	1
Total (Column (b	n) must equal Form 990, Part X, col (B) line 25)	128,7	29	
	potnote. In Part XIV, provide the text of		· · · · · · · · · · · · · · · · · · ·	roports the

#### CENTER FOR INDIVIDUAL RIGHTS

Schedule D (Form 9		Page 5
Part XIV	Supplemental Information (continued)	
Part X Line 2 C	Continued: state tax authorities who may audit the organization in the	
normal course	of business. The Center has evaluated its tax reporting and has not	
reflected any c	ontingent liability for any such potential assessment	•••••
		<b></b>
		·
		•••••

#### **SCHEDULE J** (Form 990)

Department of the Treasury

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► See separate instructions. Attach to Form 990.

OMB No 1545-0047

Open to Public

Internal Revenue Service Inspection Employer identification number Name of the organization CENTER FOR INDIVIDUAL RIGHTS 52-1600481 Part | Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		. 30	
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
-	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply	i		
	X   Compensation committee   Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		Χ
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
a	The organization?	_6a		<u>X</u>
b	Any related organization?	_6b		Χ
7	If "Yes" to line 6a or 6b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
,	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		v
В	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was		+	<u> </u>
,	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	In Part III	8	İ	Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	-		
•	Pegulations section 53 4958 6/c)?	9		Х
	Regulations section 33 4330-0(c)?	<b>J</b>		_

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation  (i) Base (ii) Bonus & incentive (iii) Other compensation reportable		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)–(D)	(F) Compensation reported in prior Form 990 or	
		Compensation	compensation reportable compensation		compensation		, ,,, , ,	Form 990-EZ
TERRENCE PELL, Esq.	(i)	250,000	0	0	7,500	16,896	274,396	330,794
TERRENCE FELL, ESq.	(ii)	0	0	0	0	0	0	(
MICHAEL ROSMAN	(i)	175,000	o.	0	5,250	16,896	197,146	219,80
	(ii)	0	0	0	0	0	0	
	(i)	0	0	0	<u> </u>	0	0	
	(ii)	0	0	0	0	0	0	
	(i)	0	0	0	0	0	0	
	(ii)	0	0	0	0	0	0	
	(i)	0	0	0	0	0	0	
<del></del>	(ii)	0	0	0	0	0	0	
	(i)	0	0	<u>0</u>	0	0	0	
	(ii)	0	0	0	0	0		
	(i)	0	0	0	0	0		
	(ii)	0	0	0	0	0	0	
	(i)	0	0	0	0	0		
	(ii)	0	0	0	0	0	0	
	(i)	0	0	0	0	0	<u>-</u>	
	(ii)	0	0	0	0	0		
	(i)	0	0	0	0	0	0	
	(ii)	. 0	0	0	0	0		
	(i)	0	0	0	0	0	0	
	(ii)	0	_0	0	0	0		
	(i)	0	0	0	0	0	0	
	(ii)	0	0	0	0	0		·-
	(i)	0	0	0	<u> </u>	0	<u> </u> o	
	(ii)	0	0	0	0	0	<u> </u>	
	(i)	0	0	0	Ō	0	0	
	(ii)	0	0	0	0	0	0	
	(i)	0	0	0	<u>o</u>	0	0	
	(ii)	0	0	0	0	0	0	
	(i)	0	0.	0	<u>,</u>	0	o	
	(ii)	0	0	0	0	0	0	

# SCHEDULE O (Form 990)

## Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. Inspectio

Employer identification number

CENTER FOR INDIVIDUAL RIGHTS	52-1600481
Form 990 Part VI Section B Line 11 CIR'S TREASURER (AN OUTSIDE DIRECTOR) F	REVIEWS THE FORM 990 BEFORE
11 13 FILED	•••••
Form 990 Part VI Section B Line 12C A COPY OF CIR'S CONFLICT OF INTEREST P	OLICY IS GIVEN TO ALL
BOARD MEMBERS, STAFF MEMBERS, VOLUNTEERS OR OTHER KEY STAKEHO	DERS UPON COMMENCEMENT OF SUCH
PERSON'S RELATIONSHIP WITH CIR OR AT THE OFFICIAL ADOPTION OF STATE	ED POLICY. EACH BOARD MEMBER,
OFFICER, STAFF MEMBER, AND VOLUNTEER SHALL SIGN AND DATE THE POLI	CY AT THE BEGINNING OF HER/HIS TERM
OF SERVICE OR EMPLOYMENT AND EACH YEAR THEREAFTER.	
Form 990 Part VI Section B Line 15A THE BOARD OF DIRECTORS APPOINTS A CO	MPENSATION COMMITTEE WHICH
DETERMINES COMPENSATION OF THE PRESIDENT BASED ON A REVIEW OF C	OMPARABILITY DATA AND PERFORMANCI
REPORTS BACK ITS DECISION WITH CONTEMPORANEOUS DOCUMENTATION (	OF ITS DELIBERATION TO THE FULL BOAF
Form 990 Part VI Section C Line 19 FINANCIAL STATEMENTS AND IRS FORM 990.	ARE AVAILABLE ON THE
ORGANIZATION'S WEBSITE AND BY WRITTEN REQUEST	
	•••••
	••••••
	•
••••••	